

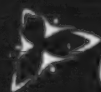


Gift of Life

Together
we can save and
enhance more lives



Trillium Gift of Life Network
Annual Report
2007-2008



Ontario

Trillium Gift of Life Network

Mission

Saving and enhancing more lives through the gift of organ and tissue donation in Ontario

Mandate

Trillium Gift of Life Network, an operational service agency of the Government of Ontario, was created to save and improve lives by maximizing organ and tissue donations in Ontario. Its mandate (adapted from The Trillium Gift of Life Network Act) is to:

- Plan, promote, coordinate and support activities relating to the donation of organs and tissue for transplant.
- Coordinate and support the work of designated facilities in connection with organ and tissue donation and transplant.
- Manage the procurement, distribution and delivery of organs and tissue.
- Establish and manage waiting lists for organ and tissue transplants and establish and manage a system of fair allocation.
- Undertake to ensure that patients and their families have appropriate information and opportunities to consider whether to consent to the donation of organs and tissue and facilitate the provision of that information.
- Provide education to the public and to the health care community about organ and tissue donation and facilitate the provision of such education by others.

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Message from the Chairman and President

This Annual General Report of the Trillium Gift of Life Network (TGLN) is an account of our progress and activities for the fiscal year ending March 31, 2008.

TGLN's success over the past year will be evaluated based on our ability to deliver increased numbers of organ and tissue donations, grow our consent to donate numbers amongst Ontarians, achieve measurable improvements to clinical practices, and attract and maintain the best talent on our TGLN team.

In 2007/08 more than 628 lives were saved or enhanced through deceased organ donation. While we are proud of having achieved 186 deceased organ donations this fiscal year in Ontario, we recognize that this falls short of our goal of 200 donors in 2007/08. We have challenged ourselves to build on the strong base of accomplishments from this fiscal year and to continue to do better in all areas of the organization.

Here is a brief overview of what we have accomplished in 2007/08.

Engaging the Healthcare Community

- We have strengthened our relationship with the healthcare community through two successful Breakthrough Collaborative sessions aimed at educating and recognizing healthcare professionals who have a positive effect on organ and tissue donation within their hospitals.
- We have enhanced our engagement with healthcare professionals in multiple ways, including quarterly forums, regional teleconferences, monthly health record reviews and hospital site visits. These actions encourage both open communication and frequency of dialogue.
- We continue to improve our organ donation performance through implementation of the 'First Things First' strategies in end-of-life care in hospitals.

- The Organ Donation Champions Awards were instituted in 2007/08 to pay tribute to the many supporters of organ and tissue donation who work tirelessly every day in hospitals around Ontario to help achieve our objectives.
- We have expanded and formalized Donation after Cardiac Death (DCD) as a routine part of organ donation in Ontario.

Enhancing Capacity and Quality

- TGLN has improved donor management practices through a number of key initiatives including: team huddles, formalized training and mentorship programs, and scripted organ offering tools.
- We have significantly strengthened our partnership with the University Health Network by establishing a joint quality management committee to explore ways to streamline and improve organ donation practices.
- We have established a new and effective model for physician leadership, employing physician leaders in both the donation and transplantation areas, to guide and advise on clinical issues and practices at TGLN as well as in the broader healthcare community.
- Real progress has been made to improve the quality and performance of TGLN's clinical database, with further work underway.

Building a Foundation for a Tissue Program

- TGLN has established a strong base for an effective screening and consent system for tissue donation that lays the groundwork for future support in improving the tissue recovery process in Ontario.
- TGLN recognizes that we need to continue the momentum established in 2007/08 to be able to meet the need for tissue transplantation in Ontario.

Stronger Partnerships: Credibility and Trust

- We have worked with the Ontario Government on a groundbreaking effort to improve both public awareness and access to the benefits of organ and

tissue donation through the implementation of initiatives identified in the Organ Donation Strategy.

- Specific programs include the One Life... Many Gifts secondary school pilot curriculum program, the Program to Reimburse Expenses of Living Donors, and enhancements to the OHIP database to allow TGLN 24/7 access to the donation wishes of Ontarians.
- Our Workplace Partners program continues to flourish with exciting programs being executed with Ontario Fire Fighters, General Motors and the Canadian Auto Workers, to mention just a few.
- Our strongest and amongst our most valued relationship has always been the one with families who have consented to organ and tissue donation. The Donor Family Advisory Council has been re-vitalized and strengthened through increased membership and the development of impactful community programs such as participation in the Canadian Transplant Games.

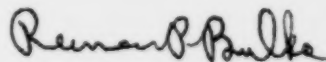
Comprehensive Public Awareness

- TGLN has developed a solid relationship with the Aboriginal Community. Working with both the nursing student population as well as key community leaders, we produced an exciting event that received significant media coverage.
- We have made significant progress with both the Catholic and Jewish communities in Ontario. Through the endorsement of Faith Leaders, we are seeing the fruits of this extensive relationship-building process pay out in increased awareness-building activities.
- We have extended and improved the training materials for our Volunteer network.
- TGLN has made excellent progress in working with educational institutions to train, educate and encourage discussion amongst medical students in colleges and universities across Ontario.
- Once again in 2007/08, we held a successful National Organ and Tissue Donation Awareness Week, with grassroots efforts that impacted more Ontario com-

munities than ever before. Of note is the high profile concert we held at Glenn Gould Studio in Toronto, attended by some high profile Ontarians who wished to publicly support us. A Radio and Newspaper campaign, along with TGLN's first foray into Web Advertising was executed, to continue to create broad public awareness for our 'make your wishes known' messaging.

We acknowledge the continued support from Premier Dalton McGuinty and Health and Long Term Care Minister George Smitherman. Despite all of our achievements, we know there is much more to be done. We know that to fulfill our mandate and achieve our purpose, we must all be champions of organ donation, and continually strive to make it top of mind for Ontarians.

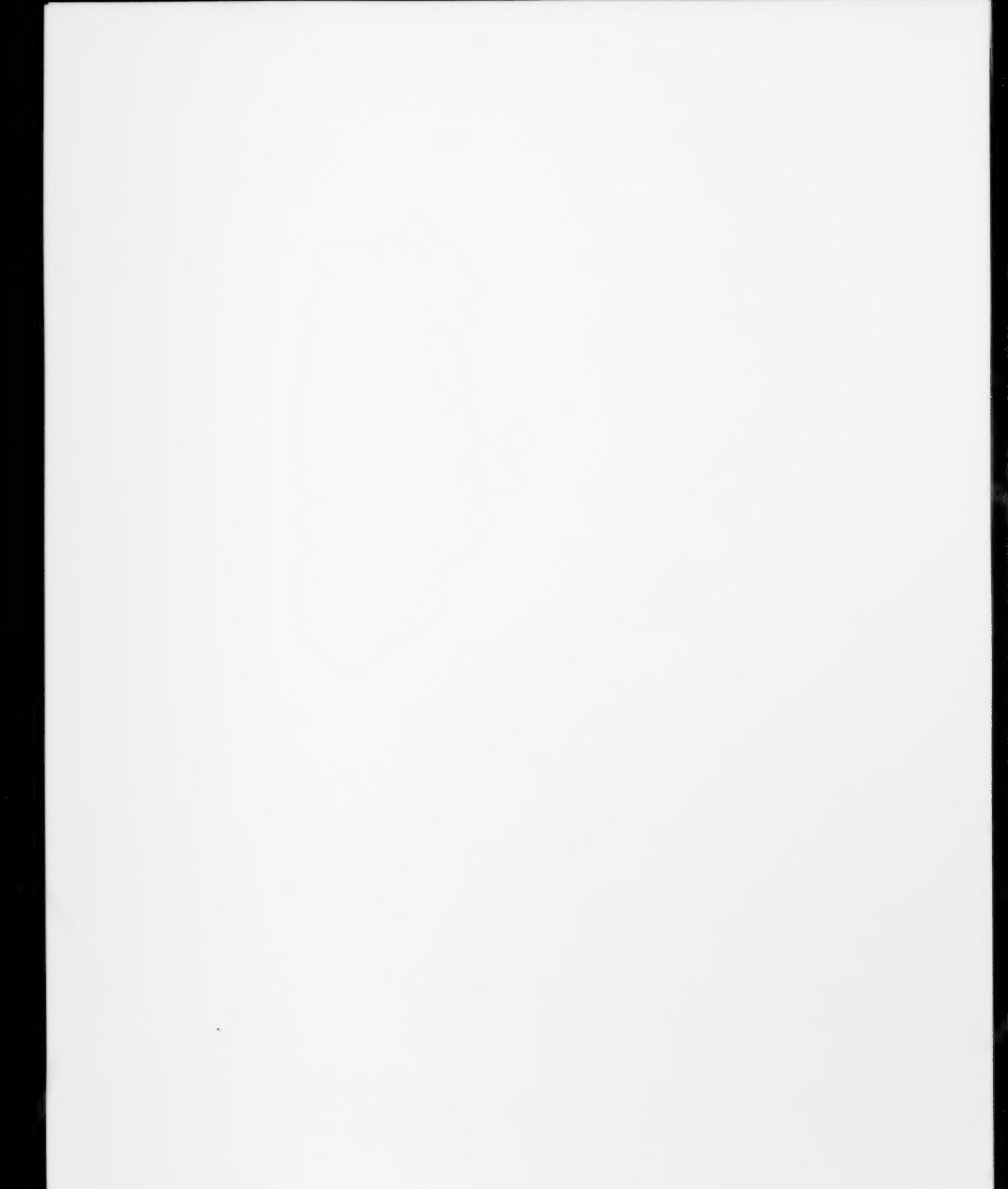
This report is meant to inform about progress, inspire discussion, and encourage questions. If you have input, we would love to hear it. We certainly understand that without the support of our donor families, health care professionals, Board members, Ministry of Health partners, community stakeholders, and volunteers, we could not possibly deliver the high standard of service to Ontarians that they deserve.



Rabbi Reuven Bulka
Chairman of the Board of Directors



Frank Markel
President & CEO



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**Message from George Smitherman,
Deputy Premier and Minister of Health
and Long-Term Care**

"We all have the power to save lives and I commend Trillium Gift of Life Network for its continued success in raising awareness of organ and tissue donation," said George Smitherman, Deputy Premier and Minister of Health and Long-Term Care. "TGLN has overcome many challenges this year, and I am confident that it will continue to save and enhance even more lives."

I. 2007/08 – A Year of Progress

2007/08 was a year of significant, if not completely satisfying accomplishment for Trillium Gift of Life Network (TGLN). A new record for Ontario was achieved in 2007/08 with 186 deceased organ donors. 628 lives were saved or enhanced as a result, a testament to the generosity of the families who consented to donate the organs of their loved ones. However, TGLN fell short of its goal of 200 donors.

To better appreciate and understand TGLN's organ donation performance, it is important to look beyond the absolute number of deceased organ donors to the number of potential organ donors and the effectiveness of converting this potential pool into actual cases of organ donation. This is considered the bottom line indicator in organ donation, and in 2007/08 TGLN achieved an eight percent increase in its conversion rate over the previous year.

Improvements in organ donations and conversion rate notwithstanding, the numbers that matter most at TGLN are these:

- More than 1670 women, men and children were still on the waiting list for an organ transplant at the end of 2007/08;
- Every three days a person in Ontario dies while waiting for an organ transplant; and
- In cases when families are approached about donation, consent is withheld 39 percent of the time.

These grim statistics continue to fuel TGLN's efforts to improve Ontario's donation rates through integration of donation best practices in end-of-life care in hospitals, and with sustained public awareness and education campaigns that reinforce the idea of organ and tissue donation as the 'right thing to do' for Ontarians.

In 2006, the Ontario Minister of Health and Long-Term Care established a Citizens Panel on Organ Donation to gather the views and opinions of Ontarians on how to

improve organ donation in the province. TGLN worked positively with the Panel and was a valuable source of information and advice. The Panel released its report in April 2007. TGLN was heartened both by the recommendations in the report and by the government's quick response. In August 2007, Premier McGuinty unveiled a new \$4 million Organ Donation Strategy, informed in large measure by the findings of the Citizens Panel and the recommendations of TGLN.

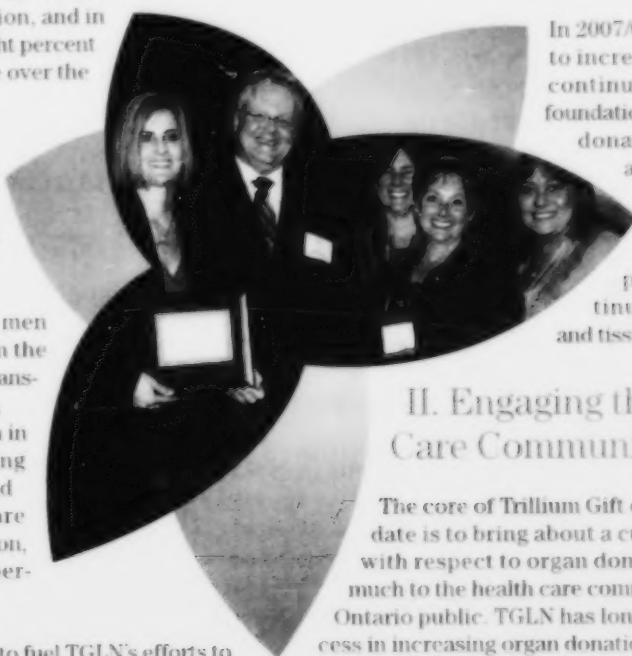
Key components of the strategy included:

- Achieving more living donations through increased support for donors;
- Enhancing public education initiatives; and
- Improving the OHIP Database on organ and tissue donation preference.

In 2007/08, TGLN also worked to increase its own capacity, continued to build a strong foundation for increasing tissue donation in the province, and enhanced the critical partnerships – with the health care community and the public – on which continued success in organ and tissue donation depends.

II. Engaging the Health Care Community

The core of Trillium Gift of Life Network's mandate is to bring about a culture shift in Ontario with respect to organ donation. This applies as much to the health care community as it does to the Ontario public. TGLN has long understood that success in increasing organ donation rates hinges on continued and successful engagement with its partners in health care. A critical focus for TGLN in 2007/08 was enhancing its partnership with Hospital Stakeholders, in order to ensure that best practice strategies with respect to organ donation become a standard, accepted part of all end-of-life care in Ontario. This involved a collaborative approach, with physicians, nurses and administrators working together to increase donations.



Breakthrough Collaborative Learning Sessions

TGLN held two Provincial Organ Donation Breakthrough Collaborative learning sessions in fiscal year 2007/08 – May 2 and 3, 2007 and March 5 and 6, 2008, to further engage the health care community.

The objective of these sessions was to share and learn about best practices in increasing organ donations, to integrate these best practices as part of quality end-of-life care, and to strengthen the partnership between TGLN and hospitals. The format was similar to the previous year's Collaborative Session in June 2006, which was successful.

This year's sessions were attended by over 125 participants. They brought together partners from Ontario's 21 Tier 1 hospitals – the core group identified by TGLN as having the greatest potential to increase organ donations (Appendix IV).

Highlights of the sessions included:

- Presentations of improvement strategies and key lessons from hospital teams.
- Plenary sessions related to first-things-first strategies to improve organ donation performance, including timely referral, pre-approach planning, effective requesting, DCD, and quality improvement and sustainability techniques.
- Breakout sessions related to the use of performance indicators in hospitals, senior leadership roles in supporting organ donations, successful hospital/organ procurement organization partnerships, building effective improvement teams, pediatric donation, donation after cardiac death, and a value positive approach demonstration.

TGLN is putting the \$360,451 grant received in March 2007 through the Ontario Government's Performance Improvement Fund to good use, by sustaining its engagement of hospital stakeholders in various ways, including:

- Quarterly forums between TGLN's clinical leadership and the Clinical Directors for Tier 1 hospitals. These forums provided an opportunity to share experiences, challenges and strategies for championing donation within the hospitals. Two successful quarterly forums were held in 2007/08.

- Launch of the Organ Donation Breakthrough Collaborative Website, which is a vehicle to share performance indicators, post questions and discuss best practices, and provide a resource centre for information on the donation process, hospital development, and quality improvement.
- Regional teleconferences to provide an opportunity for hospital teams within the regions to share their improvement strategies and plans.
- Monthly health record reviews in Tier 1 hospitals to determine each hospital's potential pool of organ donors and organ donation performance results to guide and identify areas of improvement.
- Hospital site visits for TGLN, and hospital administrative and clinical leadership to discuss hospital specific plans to improve donation performance.

Organ Donation Performance Indicators

In any organization like TGLN, performance indicators, or metrics, are critical tools for self-evaluation. It is this self-evaluation that lays the groundwork for the continuous self-improvement to which we are committed. In 2007/08, TGLN continued its review of organ donation performance indicators in order to evaluate the effectiveness of its programs and services. The health record reviews indicated that there was a smaller pool of potential eligible cases from Tier 1 hospitals in 2007/08 than the year before (see charts on pages 10 – 11). However, there was an across-the-board improvement ranging from 2% to 11% in all donation performance indicators, including referral rate, declaration rate, approach rate, consent rate, recovery rate and most importantly, the conversion rate.

Conversion rate, considered the bottom line indicator for organ donation performance, is defined as the percentage of actual donors realized from potential eligible cases. In 2007/08, TGLN's conversion rate was 49%, an increase of 8% over the previous year. This can be attributed to the adoption of best practices, including first-things-first strategies during end-of-life care in Tier 1 hospitals.

It is important to note that TGLN defines conversion rate in a manner different from organ procurement organizations (OPOs) in the United States, and that must be accounted for when comparing TGLN's overall performance against those OPOs. Using the definition employed south of the border, which was developed by the Health

"Life is a series of choices and you can choose to make a difference. Please donate, you can help to save a life today."

Grant Hagerty



Less than two years ago Grant Hagerty required 24/7 oxygen support, could barely walk up a flight of stairs and, in his words, "was on death's doorstep."

Today, after receiving a lung transplant, Hagerty has returned to living a full life including skiing, swimming and running. Hagerty is also dedicating himself to raise awareness to help conquer cancer. In June, 2008, Hagerty took part in the 225 km Ride to Conquer Cancer, benefiting the Princess Margaret Hospital.

"The same dedicated initiatives that saved my life are working to strangle a disease that cripples families and steals our loved ones. I'm a post lung transplant patient and owe my existence today to the excellence in research and execution of the medical community."

Resource Services Administration (HRSA), TGLN achieved a conversion rate of 70% in 2007/08. The average conversion rate of OPOs in the United States is 69%,

meaning that TGLN's ranking in this regard is comparable but falls short of what might be considered top performance.

Chart #1 – Organ Donation Performance Indicator Results (Tier One Hospitals)

Performance Indicator	Performance Rates Using TGLN Definitions		Performance Rates Using HRSA Definition	
	2006/07	2007/08	2006/07	2007/08
Potential Organ Donors	394	336	206	214
Organ Donors	161	163	163	171
Referral Rate	83%	94%		
Declaration Rate	66%	75%		
Approach Rate	81%	86%		
Consent Rate	59%	61%		
Recovery Rate	81%	87%		
Conversion Rate	41%	49%	70%	70%

Definitions:

Potential Organ Donors: Under TGLN's measurement system, Potential Organ Donors are called Potential Eligible Cases and are made up of three categories:

- 1) cases with at least one documented declaration of brain death and free of exclusionary medical conditions;
- 2) cases with documented clinical findings consistent with but not declared as brain death, also free of exclusionary medical conditions; and
- 3) realized DCD (Donation after Cardiac Death) cases.

Under the HRSA measurement system, Potential Organ Donors for the purpose of calculating conversion rates are called Eligible Deaths, which include cases aged 70 years or younger who are legally declared brain dead and are medically suitable for donation.

Organ Donor: An organ donor, by TGLN definition, is when at least one organ from a deceased donor is recovered and transplanted.

An organ donor, by the HRSA definition, is when at least one organ from a deceased donor is recovered, but not necessarily transplanted.

Referral Rate: Percentage of Probable Cases referred to TGLN, where Probable Cases are Potential Eligible Cases plus cases found medically unsuitable before or after consent is obtained.

Declaration Rate: Percentage of Probable Cases declared brain dead.

Approach Rate: Percentage of Probable Cases (less those determined medically unsuitable or not brain dead before approach) approached.

Consent Rate: Percentage of approached cases consented for deceased organ donation.

Recovery Rate: Percentage of consented cases from which at least one organ is recovered and transplanted.

Conversion Rate: Percentage of Potential Organ Donors converted into Actual Organ Donors.

Chart #2 - How is Conversion Rate Calculated?

TGLN Conversion Rate	(Organ Donors) / (Potential Eligible Cases)
HSRA Conversion Rate	(Organ Donors) / [(Eligible Deaths) + (Donors beyond Eligible Deaths)*]

*Donors beyond Eligible Deaths include brain dead donors aged 71 or older and DCD donors.

The significant differences in conversion rate calculation between TGLN and HSRA relate to the definitional differences of potential organ donors and organ donors. TGLN's definition of potential organ donors is broader than HSRA, and its definition of organ donors is narrower than HSRA's definition.

Organ Donation Champion Awards

In March 2008, TGLN paid a fitting tribute to its hospital partners with an awards ceremony for organ donation "champions". The event was held during the second collaborative learning session. Hamilton Health Sciences received the Award of Excellence. Patti Leonard of Hamilton Health Sciences was awarded the Donation Champion award and Grand River Hospital received the award for the hospital achieving the most improved conversion rate.

As well, 12 hospitals were honored for achieving the 75% benchmark award (using the HSRA definition of potential eligible cases): Children's Hospital of Eastern Ontario, Grand River Hospital, Hamilton Health Sciences, Hospital for Sick Children, Hotel-Dieu Grace, London Health Sciences Centre, Niagara Health System, The Ottawa Hospital, Royal Victoria Hospital, St. Mary's Hospital, St. Michael's Hospital and the Sudbury Regional Hospital.

TGLN and Nancy Hemrica, a TGLN staff member, were also the recipients of awards in 2007/08 for outstanding contribution in organ donation.

TGLN was honoured on November 9, 2007 to receive the Victor Davis Award from the Canadian Transplant

Association. The award – in memory of Canadian world champion swimmer and organ donor Victor Davis – is given for outstanding contributions made in promoting organ donation in Ontario. It was presented to TGLN's President and CEO Frank Markel at a special gala dinner celebrating the CTA's 20th anniversary.

Nancy Hemrica, one of TGLN's Organ and Tissue Coordinators, received the Cornerstone Award bestowed upon leaders who exemplify Hamilton Health Sciences' values of respect, caring, innovation and accountability. The Award honours individuals whose ongoing achievements on behalf of Hamilton Health Sciences have made a significant contribution to health care and the health and well-being of the Hamilton community. Nancy Hemrica was part of a team that led Hamilton Health Sciences' (HHS) organ donation program to outstanding achievements in the province. In only three years, HHS has become the leading donation site in Canada – enabling 32 multiple donations in 2007 alone, resulting in more than 100 successful transplants.

All of the awards cited above speak to the value and importance of the partnerships TGLN tries so hard to foster in its work to change the culture around organ donation and increase the number of donors year in and year out.

DCD Expansion

In 2007/08 Organ Donation after Cardiac Death (DCD) became a routine part of organ donation in this province. This represents a huge step forward in increasing the number of organs available to help save the lives of Ontarians. DCD is an option for families of patients who

Key Events 2007/08

Release of the Citizens Panel
Report on Organ Donation

APR.19.07



National Organ and Tissue
Donation Awareness Week

APR.23-29.07

TGLN hosted Ontario's 2nd
Organ Donation Breakthrough
Collaborative

MAY.2-3.07



Trillium Gift of Life Network
and London Health Sciences
Center hosted a Donation After
Cardiac Death Symposium.

MAY.5.07

have decided to withdraw life support after a physician has determined that there is no long-term prognosis for recovery but who do not meet the criteria for neurological death (brain death).

Seven hospitals in Ontario have approved DCD policies. There were 16 DCD cases in 2007/08 accounting for 9% of deceased donations. Forty-five organs were recovered, including 11 livers, 2 lungs and 32 kidneys.

On May 5, 2007 TGLN and London Health Sciences Centre hosted a DCD Symposium attended by critical care physicians, nurses and other members of the health care team. The focus of this symposium was to share knowledge amongst health care professionals who have had experience with donation after cardiac death cases.

TGLN is helping spread knowledge and understanding of DCD among its partners both provincially and nationally. All TGLN staff have been provided with education on DCD, and TGLN is now equipped to provide support, training and around-the-clock expertise to help donation hospitals manage DCD cases. In addition, TGLN clinical staff are sharing their expertise in other Canadian provinces.

National Consent Training Workshop

In January 2008, TGLN partnered with Gift of Life Institute from Philadelphia and the Canadian Council of Donation and Transplantation (CCDT) to host a National Consent Training Workshop. Thirty-three participants, including physicians, nurses and allied health workers from across Canada, came together to discuss and share best practices related to obtaining consent for donation from families at the most difficult of times imaginable.

The conference focused on what is called the value-positive approach to obtaining consent for organ donation. This approach was developed by the Philadelphia Gift of Life Institute and adopted by TGLN in 2006. There was much discussion and celebration of the success that has been enjoyed.

TGLN is now widely regarded as a national leader in consent practices. Its hospital-based Organ and Tissue Donation Coordinators (OTDCs) – the people who most often approach families for consent – are being given special training in how to adopt the value-positive approach. That approach is built on the belief that most people, given the opportunity to save lives and help others, will choose to do so.

The success of the value-positive approach is a clear testament to the importance and value of the partnerships TGLN has sought with other organizations – like the Philadelphia Gift of Life Institute – in the organ donation field. Those partnerships will continue to be a critical part of the network's approach in the months and years to come.

III. Enhancing Capacity and Quality

Increasing the rate of organ donation in Ontario requires more than just convincing people to donate. The system must have the capacity and the expertise to match the commitment of Ontario donors, and justify the confidence of their families. To that end, Trillium Gift of Life Network made it a key priority in 2007/08 to ensure quality of service, build expertise and enhance capacity. TGLN focused on improving donor management processes, developed and implemented a new model for physician leadership, and worked on improving the quality and performance of TOTAL, TGLN's clinical information database.

Review of Donor Management Processes

TGLN's Provincial Resource Centre (PRC) is the nerve centre for organ donation in the province of Ontario.

TGLN hosted 2nd Ontario Tissue Bank Collaboration Session



Mini-Breakthrough Collaborative for community and Northern Ontario Tier 1 Hospitals

TGLN hosted 1st Ontario Tissue Bank Collaboration Session




Premier's Announcement of the Organ Donation Strategy at the TGLN Office



"It was truly an honour to be recognized by Trillium Gift of Life Network with the Organ Donation Champion award this past March. Organ and tissue donation is a great cause that I am happy to be advocate on behalf of."

Patti Leonard



I believe that every one of us has the ability to save lives by registering our wishes to donate our organs and tissues. There are too many men, women and children in Ontario waiting for their transplant. As the Director of the Neuroscience & Trauma Program and the acting chair of the organ and tissue committee at Hamilton Health Sciences I have seen the affects of donation. The recipient receives a second chance at life because a donor family decided to give the ultimate gift, the gift of life.

Every time a life is saved or enhanced as a result of organ and tissue donation and transplantation, the PRC is involved in the process. The PRC operates 24 hours per day, seven days per week, and is responsible for coordinating donor management processes from the initial referral of a potential donor case to the transportation of organs to the transplant centre.

In August 2007, TGLN undertook a review of its donor management processes. The reviewers were asked to provide an assessment of the extent to which the PRC is accomplishing its mandate. Seizing the opportunity to improve donor management processes and enhance service delivery, TGLN's management and Board quickly acted upon the recommendations of that review. Specifically, TGLN introduced the following enhancements:

- A system of training, professional development and mentorship was implemented in order to properly support staff.
- A Clinical Specialist/Educator was recruited to develop competencies and a more in-depth orientation program for the PRC staff.
- The team lead role for the PRC has also been introduced to better support donor case management on a 24/7 basis.
- "Team huddles" are now mandatory in all organ donation cases. These huddles bring together the hospital coordinator, Clinical Services Coordinators (CSC), and recovery coordinators early on in every donation situation, to ensure that all members of the team facilitating the donation understand the complexities of the case and are working cooperatively.
- An organ offering script has been developed and is being used by the CSC's to ensure uniformity in information being given to the transplant programs during organ offering.
- Recognizing the need to stabilize PRC staffing, management increased the number of clinical service coordinator positions within the PRC and quickly moved to fill these positions.

- A self-schedule rotation was implemented with a view to improve work/life balance.

In addition, work has begun on collecting performance metrics for donor management, and a provincial steering committee is being established in 2008/09 to advise

TGLN on opportunities for further quality improvement and standardization.

TGLN - UHN Quality Committee

In 2007/08, TGLN strengthened its partnership with the University Health Network (UHN). The two organizations renewed their commitment to work closely together to improve donor management processes. Both organizations committed staff to participate on a joint quality management committee whose mandate, quite simply, is to ensure that both TGLN and UHN are working in the best ways possible at every stage of the organ donation process.

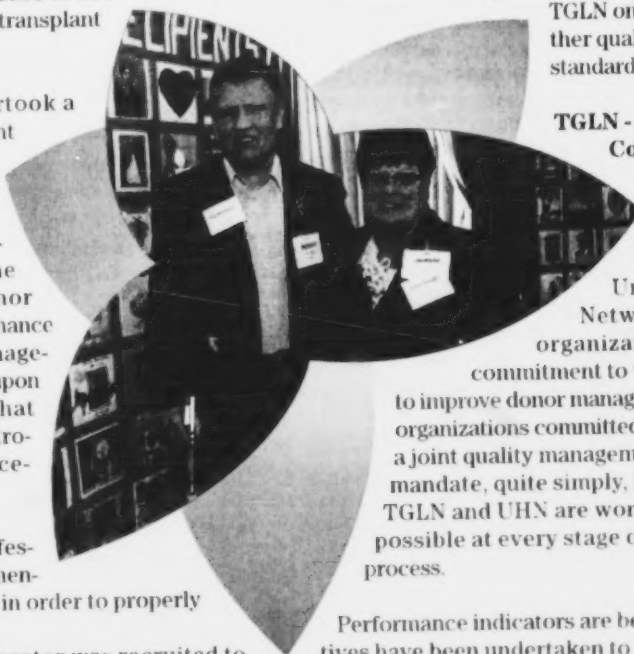
Performance indicators are being established, initiatives have been undertaken to streamline processes, and case reviews are being conducted – all with the goal of improving the way organ donation is handled, so that many more lives might be saved and improved.

New Model for Physician Leadership

In 2007/08, TGLN increased its ability to carry out its broad mandate in two very significant ways. The organization strengthened its expertise in the areas of both critical care and transplant.

A need for medical expertise, guidance and support was identified in five key areas: Organ and Tissue Donation Case Management, Hospital Development and Education, Policy Development, Safety, Quality and Risk Management, and Stakeholder Relations.

In response, TGLN developed a new model for physician leadership. This three-pronged model – developed in consultation with the medical community – includes a



24/7 provincial intensivist-on-call roster; a part-time Physician Leader for Donation, and a part-time Physician Leader for Transplant

The Intensivist-on-Call roster involves five intensivists from across the province who provide 24/7 medical advice to TGLN with respect to organ and tissue donation and transplantation cases. These intensivists make themselves available through a rotating provincial on-call system.

In December 2007, TGLN recruited a part-time Donation Physician Leader to provide overall medical leadership and advice on organ and tissue donation matters both to TGLN and to the broader donation community. At the same time, a part-time Transplant Physician Leader was also brought on board to advise TGLN on transplant related issues, and to work with the transplant physician community to support efficient, effective and safe transplant-related clinical activities.

TOTAL System

While building expertise and capacity on the human side is important, the work done by TGLN would be next to impossible without a reliable information system. Strong progress was made by TGLN in 2007/08 to enhance the quality and overall performance of TOTAL, TGLN's custom database used to support donor referral and management and fair allocation of organs from donors to patients on the waiting list for transplantation.

TGLN made about 100 changes in fiscal year 2007/08 in response to requests from the multiple users of TOTAL across the donation and transplantation system in Ontario. These changes improved the performance of the database to better reflect the evolving and changing clinical needs of the system.

In fall of 2007, TGLN and UHN also began to jointly enhance quality and ensure accuracy of the organ transplantation waiting list information within TOTAL. While further work will continue in 2008/09, significant progress to enhance quality and accuracy of the kidney waiting list information was achieved in 2007/08, and an audit report to ensure ongoing quality was developed for implementation in 2008/09.

The changes made to TOTAL reflect the same approach and commitment that TGLN demonstrated in 2007/08 with regard to the entire system. The organization recognized that organ donation is in many ways a leap of faith and an absolute demonstration of trust by families at a time of crisis. With its partners, TGLN took great pains this past year to build a system worthy of that trust.

IV. Building a Foundation for a Tissue Program

While tissue donation is not as well publicized as organ donation and transplantation, improving the system's capacity to restore sight, alleviate the suffering of a burn victim, or prevent the amputation of an arm is a key priority for the Trillium Gift of Life Network. After submitting a provincial tissue plan to government in 2006/07, TGLN was pleased to receive \$936,700 in one-time funding from the government in August 2007, to advance tissue donation and better serve the tissue community in Ontario.

TGLN used the one-time funds to improve system coordination, processes, and standards of quality, support the wishes of donor families, and meet the needs of Ontarians for tissue locally.

Key Events 2007/08

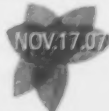
**Annual Meeting of TGLN's
Provincial Volunteer Committee**



Celebration of Life Event



**TGLN piloted its first Mini
Conference for Medical Students
at the University of Ottawa**



**Commissioner Julian Fantino joined
the "Celebrity Awareness Campaign"
with the unveiling of his new poster
including liver recipient/retired OPP
Officer Gary Cooper**

Specifically, TGLN was successful in:

- Providing around the clock support by Tissue Coordinators in the Provincial Resource Centre for healthcare professionals and donor families.
- Developing quality indicators and a statistical framework to monitor TGLN's tissue donation activity.
- Developing a strategy to support eye donation in the GTA for implementation in early 2008/09 fiscal year.
- Developing forms, policies and standard operating procedures to support the tissue donation process.

Regular meetings were also established with each tissue bank in the province in order to discuss the challenges they face and explore ways they can be overcome. The absence of a solid tissue recovery system was the resounding theme of these meetings, and TGLN has committed to working with these groups, individually and on a provincial level, to support the continuous donation activity. TGLN is also bringing the tissue bank management together for quarterly meetings to support a collaborative effort of system improvement.

Thanks to the Ministry's one-time funding support, TGLN was able to make progress this past year in enhancing screening and consent for tissue donation and is working to make inroads to improve tissue recovery in Ontario. However, TGLN will require additional funding if that work is to continue. With ongoing funding for tissue in 2008/09, TGLN will be well positioned to further

enhance and increase tissue donations for transplant in the province based on the foundation and capacity created in 2007/08.

V. Stronger Partnerships: Credibility and Trust

Creating a culture in which organ and tissue donation is viewed as a basic part of living in a civil society involves sowing the seeds and spreading the word across all spectrums of society. This requires TGLN to work in partnership with the government, the health care community, and the many other public and private stakeholders without whom the path to organ donation is fraught with obstacles. In 2007/08 TGLN continued to successfully pursue those critical partnerships.

Working with Government

In 2007/08, the main focus in TGLN's work with the Ontario government was the development and launch of the Organ Donation Strategy, followed by implementation of that strategy. Highlights of the partnership between TGLN and the government this past year included:

- Development and establishment of a Program to Reimburse Expenses of Living Organ Donors, launched on April 1, 2008.
- Collection of potential pairs for living donor paired exchanges from Ontario Living Donor Kidney Transplant programs.

TGLN presented the Canadian Auto Workers with a recognition award for all their hard work and dedication to organ and tissue donation



DEC.7.07

First quarterly forum for Clinical Directors of Tier 1 Hospitals

DEC.7.07



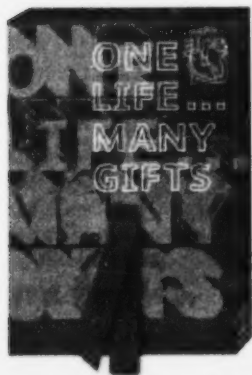
FEB.13.08

TGLN hosted Ontario's 3rd Organ Donation Breakthrough Collaborative

MAR.5-6.08

Presentation of study findings and filmed interviews by nursing aboriginal students to senior intensive care unit staff at Thunder Bay Regional Hospital, TGLN staff and management, members of the nursing faculty from Lakehead University and Chief Roy Michano, former Chief of Pic River First Nation

- Work to improve the OHIP registered persons database and enhance public education and awareness about organ and tissue donation.
- Development of the curriculum content for *One Life... Many Gifts*, a senior secondary school education pilot program about organ and tissue donation and transplantation.



One Life...Many Gifts

One Life...Many Gifts is a program that reflects one of TGLN's core beliefs – that the best way to change the culture of organ donation is to inform and educate young people. It was originally developed at London Health Sciences Centre and test piloted in 2001/02.

TGLN spent 2007/08 working with the London Health Sciences Centre and the Kidney Foundation of Canada preparing to expand the award-winning *One Life...Many Gifts* program, so that young people all across the province can benefit from greater understanding of the issues around donation. It is a cross-curricular resource that can be taught to senior students in the following courses: the Arts, Canadian Studies, English, Guidance and Careers, Health and Physical Education, Religious Education, Science and Social Sciences, and Humanities.

In the fall of 2008, 20 school boards in nine districts will add the unit of study to their curriculum. Teachers in approximately 240 public and Catholic schools will deliver the pilot project in the 2008/09 academic year in both English and French.

Workplace Partners

This past year, Trillium Gift of Life Network has continued to educate the public about organ and tissue donation through its Workplace Partners program. This program allows TGLN to communicate with people in their offices and at their desks, with the communications help and support of their employers. TGLN dedicated itself in 2007/08 to strengthening relationships with many workplace partners, including the Canadian Auto Workers

(CAW). In December of 2007 TGLN President and CEO Frank Markel was asked to address the CAW's National Council meeting in Toronto to discuss the importance of organ and tissue donation. Throughout the year, TGLN staff worked extensively with the CAW promoting donation to its 275,000 current and retired employees. The donation message was included in workplace training, conferences, and special events.

In June 2007, the Ontario Fire Fighters Association held their annual meeting in Kingston, where they launched a celebrity poster featuring heart recipient Dale Shippam and living kidney donor Jonathan Balabuck. Both are active firefighters in Thunder Bay and their posters are featured at Firehouses around the province. Firefighters continue to be strong advocates for organ and tissue donation.

TGLN is also proud to welcome the Ontario Provincial Police as workplace partners. In December 2007, OPP Commissioner Julian Fantino and retired OPP officer Gary Cooper launched a celebrity poster that was distributed to all OPP detachments around the province.

In 2007/08, TGLN also worked with partners including the Toronto Marlies, Toronto Blue Jays and General Motors.

Celebration of Life

TGLN's most valued and cherished partners are the families who, at the most difficult time imaginable, consent to organ donation and in so doing save or improve the lives of others.

On October 18, 2007, TGLN held a Celebration of Life, a service honouring organ and tissue donors and their families. TGLN for the first time presented medals to families in the Central – GTA region, in tribute to those who died in 2006 and gave the gift of life through organ and tissue donation. The medals were presented to the donor families in gratitude for their compassion and to acknowledge the extraordinary difference their generosity has made in the lives of others.

Re-vitalization of Donor Family Advisory Council (DFAC)

The Donor Family Advisory Council (DFAC), an integral

part of the creation of TGLN's Family Support and Aftercare Program, has been re-vitalized with the addition of new donor family members. Three previous and six new donor family members joined the DFAC to meet in November 2007 to determine new priorities and initiatives:

- The Donor Memorial Quilt – a memorial providing an opportunity for donor families to commemorate their loved ones by adding patches to the quilt.
- The addition of donor recognition and medal presentation ceremonies in Kingston and Thunder Bay in 2008 (to existing Toronto, London, Ottawa and Hamilton ceremonies).
- Expansion plans for the Donor Family Support program.
- National Organ and Tissue Donation Awareness Week (NOTDAW) 2008.
- Donor Family Program at the Canadian Transplant Games.

VI. Comprehensive Public Awareness

One of Trillium Gift of Life Network's challenges is to spread the word about organ donation to Ontarians in as many ways, and through as many venues, as possible. Research very clearly shows that the more people know about donation, and the more opportunity they have to explore the issues around donation, the more likely they are to have the discussion with family and friends that might one day lead to a decision to donate.

The Communications Strategy for TGLN involves several prongs designed to increase awareness of the issues, while acting as a call to action to encourage more Ontarians to become organ and tissue donors. In 2007/08, TGLN continued to reach out to the people of Ontario.

Aboriginal Outreach

In October 2007, TGLN launched a pilot project to reach out to the aboriginal community in Northern Ontario. Working with Organ and Tissue Donation Co-ordinator Sandra Petzel, Lakehead University and Thunder Bay Regional Hospital, TGLN recruited a team of four aboriginal and non-aboriginal fourth-year nursing students to conduct an assessment of aboriginal attitudes regarding organ and tissue donation.

In mid-January 2008, the students interviewed and surveyed approximately 100 Lakehead University students from a range of northern reserves representing a variety of aboriginal backgrounds (Cree, Ojibway and Anishawbe). They also surveyed a significant number of aboriginal residents at the Pic River Ojibway First Nation to assess their attitudes towards organ and tissue donation. They filmed interviews with aboriginal people personally affected by donation at Pic River.

The results of this comprehensive study showed that there was a very high degree of support – 85% – for donation in the Pic River community.

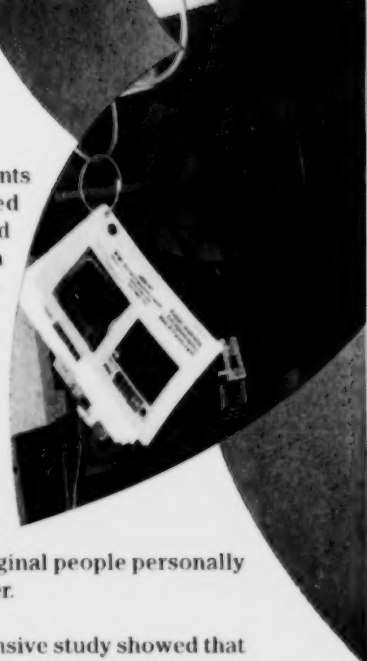
In February 2008, the nursing students presented their study findings and their filmed interviews to senior intensive care unit staff at Thunder Bay Regional Hospital, TGLN staff and management, members of the nursing faculty from Lakehead University and Chief Roy Michano, former Chief of Pic River First Nation. Following the presentation, the audience participated in an informal round-table discussion of how best to convert the students' findings into practical initiatives to further engage with aboriginal communities.

The aboriginal initiative was covered extensively by local and provincial media over a five-day period. The students, Chief Michano and Frank Markel were all profiled in the media, and the tenor of the coverage was positive, focusing on aboriginal support for donation.

TGLN's Community Relations staff will develop a plan to translate these results into activities to increase donations from the aboriginal communities.

Religious and Cultural Outreach

Almost two years ago, TGLN began educating the Catholic community on the benefits of organ and tissue donation and on the support that exists for donation within the scriptures of Catholic faith. Rabbi Reuven Bulka and Dr. Frank Markel began a dialogue with the Archdiocese to forge a strong partnership and to ask for



"Throughout my life, my dad was more than just a father figure in my life. He was my coach, my mentor, and my friend. My dad is my hero. Words cannot say how proud I am to be Dave White's daughter."



A few weeks after my dad's passing, we found out some news that would change our lives. My dad's organs were helping six people, and he could ultimately help up to fifteen people. As our family sits and grieves today, others are rejoicing and celebrating a new organ, a new life for someone in their family. A stranger's happiness was possible, thanks to my dad.

Talk to your family and tell them your wishes after you are gone. Talk to your family about organ donations. By signing your donor card, you can give life to someone with very little hope. By signing your card, you can help someone who is very discouraged regain hope again. My dad talked to my family about his wishes, and because of it, strangers have shared two years more with their loved ones.

a demonstration of commitment from Religious Leaders within the community. That relationship is now flourishing as some landmark programs are planned for the future.

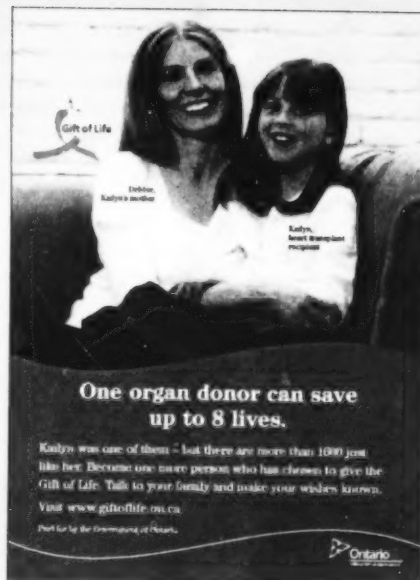
In 2008/09, TGLN is looking forward to the publication of a brochure, developed by the Diocese of Toronto, outlining the beliefs of the Church and its support of organ and tissue donation. Along with the release of the brochure will come a directive from the Diocese encouraging all Priests within the GTA to talk to their congregations about organ and tissue donation.

A second significant program in the Religious Outreach Strategy was implemented with the Jewish community within Toronto in April 2007. TGLN, in collaboration with the Toronto Board of Rabbis, distributed pamphlets and posters for the Jewish community to 30 Synagogues in the Toronto area. Sermons were conducted during National Organ and Tissue Donation Awareness Week (NOTDAW) and a media release announcing the partnership between TGLN and the Toronto Board of Rabbis was also released during NOTDAW.

Post-Secondary Education

TGLN has long recognized that the best time to begin working with medical professionals is early in their careers. In 2007/08, TGLN continued its practice of reaching out to the doctors and nurses of tomorrow. TGLN worked with medical students at the University of Toronto and the University of Ottawa to bring the importance of organ donation to their attention through presentations, site visits and joint research initiatives.

TGLN also worked with nursing students at Ryerson, Humber College, Algonquin College and Lakehead University to create clinical placement and experiential learning opportunities.



Volunteer Program

TGLN could not do the work it does without the hundreds of committed volunteers in communities all across Ontario who help increase public awareness and spread the word about the importance of organ and tissue donation. Volunteers include transplant recipients, members of donor families, living donors, individuals waiting for a transplant and those who believe in the importance of organ and tissue donation. More than 200 events took place across Ontario because of TGLN's motivated and knowledgeable volunteers.

Building on the training program that was provided to volunteers last year, a

comprehensive Volunteer Kit was developed in 2007/08 for all new volunteers. In addition to providing existing information sheets, the Volunteer Kits included:

- "Speakers' Tips" and sample speeches specifically for those involved in organ and tissue donation.
- Power Point Presentations on organ and tissue donation.
- Community Grant Program information to ensure that all those involved with our program know that there are funds available for events and campaigns whose goal is to increase the number of donors in this province.
- "How to Get Involved" sheet to provide volunteers with ideas on how they can get involved.

TGLN's volunteer effort is led by the Provincial Volunteer Committee (PVC), which is made up of 10 members who represent both donor families and recipients. Every September, the members of the PVC come to Toronto to share ideas and brainstorm with others about how to get the organ donation word out. This year, PVC members discussed how best to support the Canadian Transplant Games taking place in Windsor in August 2008. They also received Media Training, and a Volunteer Leader from the Gift of Life program in Philadelphia presented on Advanced Speakers Training.

National Organ and Tissue Donation Awareness Week (NOTDAW)

NOTDAW Activities

National Organ and Tissue Donation Awareness Week (NOTDAW) is a pivotal opportunity for TGLN to underline its leadership in the organ and tissue donation activities of Ontario. Through a variety of grassroots and high profile activities, TGLN impacts significant numbers of Ontarians and brings its message of organ and tissue donation to the top of everyone's minds.

In 2007 TGLN sponsored, organized and participated in NOTDAW activities from Thunder Bay to Windsor to Ottawa. There were more events in Ontario promoting organ donation than ever before.



Shaye and Tom Cochrane played for a full house at the Glen Gould Studio in April 2007. The concert raised awareness for organ and tissue donation in Ontario.

One of the highlights of this year's NOTDAW was a performance in Toronto by the band Shaye, honouring patients on the organ transplant waiting list. A number of celebrities attended, including Tom Cochrane who made a guest appearance, and Seamus O'Regan, who hosted the special event at a packed Glenn Gould theatre in Toronto.

Queen's Park once again played host to the Reception in Recognition of National Organ and Tissue Donation Awareness Week. Members of the Ontario legislature had a chance to view Ontario's first Gift of Life Donor and Recipient Quilts and learn what they can do to help raise awareness about the need for organ and tissue donation.

The Mayor of Toronto visited TGLN offices to learn more about what our organization does and to meet Heather Bishop, Eddie Sabat and Amy Holdorf, all organ transplant recipients, and Valerie Serba, a donor mother. Mayor Miller also unveiled his 'celebrity' poster.

TGLN staff presented to more than 300 hospital volunteers at the Hospital Volunteer Auxiliary Conference for various regional hospitals in and around Orangeville. Presentations were also provided to the Walden Women's Institute in Lively, University of Ottawa's Medical Students, Sudbury City Council, various churches, hospitals, and community groups.

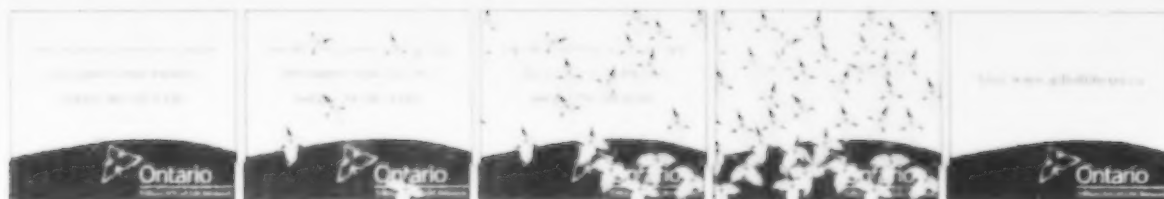
Living Green Ribbons (LGR's), magnificent human chains whose members are clad in TGLN's green ponchos, were held in more communities this year than ever before and the organization of such events broadened to include a high school (Guelph & Ottawa) and a Hospital (Niagara Falls). Living Green Ribbon represents the lives that can be saved or enhanced through organ and tissue donation. LGR's were held on various days and times throughout the week. Events were held in Ottawa, Guelph, London, Kingston, Renfrew, Niagara Falls, Thunder Bay, Sudbury, Sarnia and Windsor.

Finally, during NOTDAW, TGLN sponsored an academic conference that brought together delegates from Canada, the U.S., Great Britain and Ireland. The conference was well attended by professionals in the field of transplant, transplant ethics and public health. The two-day conference looked at a wide range of ideas and issues related to donation.

Paid Advertising

This past year, TGLN focused its paid advertising campaign (radio and newspaper) on Tier 1 hospital markets across Ontario. The overall objective was to build awareness for the "make your wishes known/talk to your family" messaging, which is TGLN's focus as it moves towards a single "call to action" for Ontarians to register their

TGLN web advertising



Living Green Ribbon event took place throughout Ontario during NOTDAW. This LGR was formed in Sarnia Ontario.

donation wishes through OHIP. TGLN also made its first foray into web advertising with a series of banner ads on targeted websites like MSN and Sympatico. These ads delivered significant hits to the TGLN website.

The 2007/08 campaign represents a first step in building up the relatively low awareness levels for TGLN (20%), and in educating the public on the benefits of consenting to donate organs after death. There is still a large gap that exists between those who feel organ donation is a good thing to do (82%) and those who believe they have recorded their donation wishes, either through signing a donor card or by registering their donation preference at an OHIP office (53%). An easy mechanism for consent to donate, along with a mass awareness effort to bring organ donation to the top of mind, is required to achieve success in this lifesaving endeavour.

VII. Conclusion

2007/08 will stand out as a year in which Trillium Gift of Life Network accomplished a great deal. The health care community was engaged on a multitude of levels; the capacity and quality of the organ donation system was enhanced; the province built the foundation for a better tissue system; stronger partnerships were forged; and comprehensive public awareness activities were carried out across Ontario.

That being said, TGLN acknowledges, to itself and to the province, that there is still a great deal of work to be done, as long as people remain on waiting lists for transplantation in the province of Ontario. Our commitment is to do our best to save every life.

Appendix I - Table I

Organ Donors from Ontario and Out-of-Province

Type of Donor	2007/08	2006/07	2005/06
Deceased Donors from Ontario	186	184	169
NDD* Donors from Ontario	170	174	169
DCD** Donors from Ontario	16	10	0
Living Donors from Ontario	262	269	249
All Ontario Donors	448	453	418
Deceased Donors from Other Canadian Provinces	50	61	64
Deceased Donors from the US	13	26	26
All Out-of-Province Donors	63	87	90

*DCD (Donation After Cardiac Death) - Organ donation after cardiac death or DCD offers families the option of donation in cases where neurological criteria for death has not been met, and the decision to withdraw life-sustaining treatment has been made. DCD occurs where following pronouncement of death based on "irreversible cessation of circulatory and respiratory functions" a patient's organs are surgically recovered.

**NDD (Neurological Determination of Death) - Is the complete and irreversible cessation of all brain function. As a result of severe trauma or injury to the brain, the body's blood supply to the brain is blocked, the brain dies and it cannot be revived.

Appendix I - Table 2

Deceased Organ Donors by Region and Hospital

Region	Hospital	2007/08	2006/07	2005/06
Central/GTA	Hospital for Sick Children	10	4	5
Central/GTA	St. Michael's Hospital	15	13	11
Central/GTA	Sunnybrook and Women's College	18	18	12
Central/GTA	Trillium Health Centre	7	6	8
Central/GTA	University Health Network	9	13	16
Central/GTA	Central/GTA Community Hospitals	28	24	20
Central/GTA Total		87	78	72
East	Children's Hospital Of Eastern Ontario	2	1	1
East	Kingston General Hospital	3	8	9
East	The Ottawa Hospital	16	13	22
East	Eastern Community Hospitals	0	1	1
East Total		21	23	33
North	Sudbury Regional Hospital	3	5	4
North	Thunder Bay Regional Hospital	3	5	4
North	Northern Community Hospitals	0	1	0
North Total		6	11	8
Southwest	Hamilton Health Sciences Centre	24	27	18
Southwest	Hotel Dieu Grace Hospital (Windsor)	9	6	7
Southwest	London Health Sciences Centre	25	28	26
Southwest	Southwestern Community Hospitals	14	11	5
Southwest Total		72	72	56
Grand Total		186	184	169

Appendix 1 - Table 3

Number of Organs Recovered and Transplanted from Deceased Donors in Ontario¹

Organ	2007/08			2006/07			2005/06		
	From NDD Donors	From DCD Donors	Total	From NDD Donors	From DCD Donors	Total	From NDD Donors	From DCD Donors	Total
Kidney	287	32	319	275	20	295	292	0	292
Liver	141	11	152	147	6	153	132	0	132
Lung	112	2	114	118	2	120	86	0	86
Heart	57	0	57	54	0	54	47	0	47
Pancreas	30	0	30	32	0	32	34	0	34
Small Bowel	2	0	2	4	0	4	0	0	0
Total	629	45	674	630	28	658	591	0	591

Note 1 - Only organs recovered from deceased Ontario donors and transplanted, in or outside of the province, were counted.

Appendix 1 - Table 4

Organ Transplant Yield Per Deceased Donor in Ontario

Organ	2007/08		2006/07		2005/06	
	Number of Organs ¹	Organ Yield Per Donor	Number of Organs ¹	Organ Yield Per Donor	Number of Organs ¹	Organ Yield Per Donor
Kidney	319	1.72	309	1.68	291	1.72
Liver	152	0.82	151	0.82	132	0.78
Lung	114	0.61	120	0.65	86	0.51
Heart	57	0.31	51	0.28	47	0.28
Pancreas	30	0.16	30	0.16	35	0.21
Small Bowel	2	0.01	4	0.02	0	0.00
Total	674	3.62	665	3.61	591	3.50

Appendix 1 - Table 5

Number of Patients Who Received Deceased Donor Organ Transplants in Ontario

	2007/08	2006/07	2005/06
Kidney	286	266	251
Liver	157	160	167
Heart	64	71	80
Lung	85	91	71
Pancreas	8	6	4
Small Bowel	0	2	2
Kidney-Pancreas	21	25	30
Heart-Lung	1	4	3
Liver-Kidney	3	1	0
Liver-Heart	1	0	0
Liver-Bowel	2	3	0
Total	628	629	608

Appendix 1 - Table 6

Organ Transplants in Ontario

	2007/08	2006/07	2005/06
Kidney from deceased donors	286	266	251
Kidney from living donors	211	213	204
Liver from deceased donors	157	160	167
Liver from living donors	51	57	45
Heart	64	71	80
Lung	85	91	71
Pancreas	8	6	4
Small Bowel	0	2	2
Kidney-Pancreas	21	25	30
Heart-Lung	1	4	3
Liver-Kidney	2	1	0
Liver-Heart	1	0	0
Liver-Bowel	3	3	0
Total	890	899	857

Appendix I - Table 7

Living Kidney Transplants as a Percentage of All Kidney Transplants

	2007/08	2006/07	2005/06
Kidney Transplants from Living & Deceased Donors	497	478	453
Kidney Transplants from Living Donors	211	212	202
% of Kidney Transplants from Living Donors	42%	44%	45%

Appendix I - Table 8

Living Liver Transplants as a Percentage of All Liver Transplants

	2007/08	2006/07	2005/06
Liver Transplants from Living & Deceased Donors	208	217	212
Liver Transplants from Living Donors	51	57	45
% of Liver Transplants from Living Donors	25%	26%	21%

Appendix I - Table 9

Waiting Lists for Organ Transplants at March 31

	31-Mar-2008	31-Mar-2007	31-Mar-2006
Kidney	1,144	1,161	1,204
Liver	358	407	409
Heart	43	42	33
Lung	55	52	45
Pancreas	23	33	25
Small Bowel	4	1	6
Kidney-Pancreas	44	47	57
Heart-Lung	3	4	3
Total	1,674	1,747	1,782

Deceased Organ Donation Funding Summary Report

For the period of April 1, 2007 - March 31, 2008

Hospital	Phase 1		Phase 2		Phase 3		Total
	# of Cases	Amount	# of Cases	Amount	# of Cases	Amount	Funding
TIER 1 HOSPITALS							
Royal Victoria Hospital	4	\$3,200	4	\$8,200	3	\$9,450	\$20,850
Kingston General Hospital	9	\$7,200	5	\$10,250	3	\$9,450	\$26,900
St. Mary's General Hospital	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
York Central Hospital	9	\$7,200	3	\$6,150	2	\$6,300	\$19,650
Children's Hospital of Eastern Ontario	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
The Hospital for Sick Children	15	\$12,000	12	\$24,600	10	\$31,500	\$68,100
St. Michael's Hospital	20	\$16,000	17	\$34,850	15	\$47,250	\$98,100
Hotel-Dieu Grace Hospital - Windsor	17	\$13,600	11	\$22,550	9	\$28,350	\$64,500
Grand River Hospital - Kitchener	3	\$2,400	3	\$6,150	3	\$9,450	\$18,000
Thunder Bay Regional Health Sciences Centre	6	\$4,800	4	\$8,200	3	\$9,450	\$22,450
London Health Sciences Centre	34	\$27,200	32	\$65,600	26	\$81,900	\$174,700
University Hospital	17	\$13,600	16	\$32,800	13	\$40,950	\$87,350
Victoria Hospital - London	12	\$9,600	12	\$24,600	10	\$31,500	\$65,700
Children's Hospital of Western Ontario	5	\$4,000	4	\$8,200	3	\$9,450	\$21,650
Hamilton Health Sciences Centre	31	\$24,800	29	\$59,450	28	\$88,200	\$172,450
McMaster Site	8	\$6,400	7	\$14,350	7	\$22,050	\$42,800
Hamilton General Hospital	23	\$18,400	22	\$45,100	21	\$66,150	\$129,650
University Health Network	20	\$16,000	11	\$22,550	15	\$47,250	\$85,800
Toronto General Hospital	2	\$1,600	1	\$2,050	5	\$15,750	\$19,400
Toronto Western Hospital	18	\$14,400	10	\$20,500	10	\$31,500	\$66,400
Trillium Health Centre, Mississauga	13	\$10,400	7	\$14,350	5	\$15,750	\$40,500
William Osler Health Centre	9	\$7,200	3	\$6,150	3	\$9,450	\$22,800
Brampton Civic Hospital	5	\$4,000	1	\$2,050	1	\$3,150	\$9,200
Peel Memorial Campus	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Etobicoke General Hospital	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
Oshawa General Hospital	3	\$2,400	2	\$4,100	2	\$6,300	\$12,800
Sunnybrook Health Sciences Centre	29	\$23,200	18	\$36,900	18	\$56,700	\$116,800
The Ottawa Hospital	18	\$14,400	17	\$34,850	16	\$50,400	\$99,650
Ottawa Hospital General Campus	3	\$2,400	3	\$6,150	3	\$9,540	\$18,000
Ottawa Hospital Civic Campus	15	\$12,000	14	\$28,700	13	\$40,950	\$81,650
St. Joseph's Health Centre - Sudbury	3	\$2,400	3	\$6,150	3	\$9,450	\$18,000

Appendix I - Table 10

Deceased Organ Donation Funding Summary Report

For the period of April 1, 2007 - March 31, 2008

Hospital	Phase 1		Phase 2		Phase 3		Total
	# of Cases	Amount	# of Cases	Amount	# of Cases	Amount	Funding
TIER 1 HOSPITALS							
The Scarborough Hospital	13	\$10,400	5	\$10,250	4	\$12,600	\$33,250
Scarborough Hospital – Grace Division	4	\$3,200	2	\$4,100	1	\$3,150	\$10,450
Scarborough General Hospital	9	\$7,200	3	\$6,150	3	\$9,450	\$22,800
Niagara Health System	5	\$4,000	5	\$10,250	3	\$9,450	\$23,700
St. Catharines General Site	2	\$1,600	2	\$4,100	1	\$3,150	\$8,850
Welland County Site	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Greater Niagara General	2	\$1,600	2	\$4,100	1	\$3,150	\$8,850
Total: Tier 1 Hospitals	265	\$212,000	195	\$399,750	175	\$551,250	\$1,163,000

Appendix I - Table 10

Deceased Organ Donation Funding Summary Report

For the period of April 1, 2007 - March 31, 2008

Hospital	Phase 1		Phase 2		Phase 3		Total
	# of Cases	Amount	# of Cases	Amount	# of Cases	Amount	Funding
NON TIER 1 HOSPITALS							
North York General Hospital	3	\$2,400	1	\$2,050	1	\$3,150	\$7,600
Collingwood General & Marine Hospital	1	\$800	1	\$2,050	0	\$0	\$2,850
Cambridge Memorial Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Guelph General Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
St. Joseph's Healthcare System - Hamilton	3	\$2,400	2	\$4,100	2	\$6,300	\$12,800
Joseph Brant Memorial Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Southlake Regional Health Centre	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Soldiers' Memorial Hospital - Orillia	1	\$800	0	\$0	0	\$0	\$800
Peterborough Regional Health Centre	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
Queensway-Carleton Hospital	2	\$1,600	0	\$0	0	\$0	\$1,600
Sarnia General Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Toronto East General Hospital	2	\$1,600	2	\$4,100	1	\$3,150	\$8,850
St. Joseph's Health Centre - Toronto	4	\$3,200	4	\$8,200	3	\$9,450	\$20,850
Markham Stouffville Hospital	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Windsor Regional Hospital	2	\$1,600	1	\$2,050	0	\$0	\$3,650
Western Campus	1	\$800	0	\$0	0	\$0	\$800
Metropolitan Campus	1	\$800	1	\$2,050	0	\$0	\$2,850
Cobourg District General Hospital	1	\$800	1	\$2,050	0	\$0	\$2,850
Humber River Regional Hospital	3	\$2,400	3	\$6,150	3	\$9,450	\$18,000
York-Finch	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Church Street Site	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
Oakville Trafalgar Memorial Hospital	2	\$1,600	2	\$4,100	0	\$0	\$5,700
Rouge Valley Health System, Ajax Site	1	\$800	1	\$2,050	1	\$3,150	\$6,000
Grey Bruce Health Services - Owen Sound	2	\$1,600	2	\$4,100	2	\$6,300	\$12,000
Total: Non Tier 1 Hospitals	35	\$28,000	28	\$57,400	21	\$66,150	\$151,550
Report Total:	300	\$240,000	223	\$457,150	196	\$617,400	\$1,314,550

Appendix II

Board of Directors as at March 31, 2008

Board of Directors	Appointed	Term Expires
Rabbi Reuven P. Bulka <i>Chair – Board of Directors</i>	December 1, 2004	November 30, 2008
Dr. Andrew Baker	March 5, 2001	December 5, 2010
Ms. Diane Craig	December 8, 2004	December 8, 2010
Mr. Brian M. Flood	March 5, 2001	December 4, 2008
Dr. Diane Hebert	December 1, 2004	November 30, 2008
Ms. Bernadette MacDonald	December 8, 2004	June 6, 2008
Mr. Arun K. Mathur, CA	December 8, 2004	December 7, 2008
Dr. Miriam Frances Rossi	December 1, 2004	November 30, 2009
Ms. May Ye Lee	December 8, 2004	December 7, 2008
Mrs. Vickie Kaminski	December 6, 2006	December 6, 2008

Appendix III

TGLN Management Group as at March 31, 2008

Dr. Frank Markel, *President and Chief Executive Officer*
 Dr. Giulio DiDiodato, *Chief Medical Officer, Donation*
 Dr. Jeff Zaltzman, *Chief Medical Officer, Transplant*
Chief Medical Officers-on-Call (rotating) - Dr. Andrew Baker, Dr. Minto Jain, Dr. Giuseppe Pagliarello, Dr. Michael Sharpe and Dr. Giulio Di Diodato
 Versha Prakash, *Vice President, Operations*
 Janet MacLean, *Vice President, Clinical Affairs*
 Keith Wong, *Director, Information Services*
 Catherine McIntosh, *Director, Finance and Administration*

Frances Reinholdt, *Director, Hospital Programs, GTA Region*
 Scott Skinner, *Director, Hospital Programs, Greater Ontario Region*
 Clare Payne, *Director, Provincial Resource Centre*
 Wendy Walters, *Acting Director, Public Affairs and Communications*
 Janice Beitel, *Professional Practice Leader*
 Lisa MacIssac, *Provincial Tissue Advisor*

Organ and Tissue Donation Coordinators (OTDCs) as at March 31, 2008

Pam Andlar, *BN, BScN, Sudbury Regional Hospital*

Jennifer Berry, *RN, Hospital for Sick Children, Toronto*

Ida Bevilacqua, *RN, BScN, Trillium Health Centre, Mississauga*

Nicola Colaco, *RN, BScN, Community Hospital Coordinator, William Osler Health Centre and GTA West Region*

Stephanie Currie-McCarragher, *RN, BScN (c), The Ottawa Hospital*

Paula Deehan-Schmidt, *RN, Hotel Dieu General Hospital, Windsor*

Suzanne Dove, *RN, BHA (c) Community Hospital Coordinator, The Scarborough Hospital and GTA East Region*

Nancy Glover, *RN, Hamilton – Niagara Region*

Diana Harris, *RN, University Health Network, Toronto*

Gail-Anne Harris, *RN, Kingston General Hospital*

Nancy Hemrica, *RN, BScN, Hamilton Health Sciences Centre*

Stacey Jewett, *RN, BScN, Sunnybrook Hospital, Toronto*

Denyse Mercer, *BN, RN, CNCCP (c), The Ottawa Hospital*

Jeanna Morrissey, *RN, BScN, MN (c), St. Michael's Hospital, Toronto*

Pearl Padley, *BA, RN, University Health Network, Toronto General Site*

Sandra Petzel, *RN, Thunder Bay Regional Health Sciences Centre*

Catharine Ritter, *RN, BScN, Community Hospital Coordinator, Royal Victoria Hospital and Barrie – Muskoka Region*

Robyn Rocha, *RN, BScN, Community Hospital Coordinator, Lakeridge Health Centre and Central East Ontario Region*

Barbara Van Rassel, *RN, BScN, London Health Sciences Centre*

Catherine Weatherall, *RN, Community Hospital Coordinator, York Central Hospital and Central Ontario Region*

Judy Wells, *RN, Community Hospital Coordinator, Waterloo – Wellington Region*

Clinical Services Coordinators (Provincial Resource Centre) as at March 31, 2008

Brenda Bowles, *RN, Clinical Services Coordinator*

Lorrie Campbell, *RN, Clinical Services Coordinator*

Sabrina Chung, *RN, BScN, Clinical Services Coordinator*

David Colpitts, *BSc, M.Div, Clinical Services Coordinator*

Kim Gromadzki, *RN, BScN, Clinical Services Coordinator*

Diana Hallett, *RN, BScN, Clinical Services Coordinator*

Joleen Hammond, *RN, Clinical Services Coordinator*

Nicola Hannah, *RN, Clinical Services Coordinator*

Connie Kennedy, *RN, Clinical Services Coordinator*

Susan Lavery, *RN, BScN, Clinical Services Coordinator*

Sonya Lay, *RN, Clinical Services Coordinator*

Victoria Leist, *RN, Clinical Specialist*

Leanna MacIsaac, *Clinical Services Coordinator*

Marsha McDonald, *RN, Clinical Services Coordinator*

Rose Pabla, *RN, Clinical Services Coordinator*

Nicola Stewart, *RN, Clinical Services Coordinator*

Senka Vuckovic, *RN, Clinical Services Coordinator*

Appendix IV

Tier 1 Hospitals

Children's Hospital of Eastern Ontario

Grand River Hospital

Hamilton Health Sciences

Hôpital Régional de Sudbury Regional Hospital

The Hospital for Sick Children

Hotel-Dieu Grace Hospital

Kingston General Hospital

Lakeridge Health Sciences

London Health Sciences Centre

Niagara Health System

The Ottawa Hospital

Royal Victoria Hospital

St. Mary's General Hospital

St. Michael's Hospital

Sunnybrook Health Sciences Centre

The Scarborough Hospital

Thunder Bay Regional Health Sciences Centre

Trillium Health Centre

University Health Network

William Osler Health Centre

York Central Hospital

Financial Statements

Trillium Gift of Life Network
March 31, 2008



AUDITORS' REPORT

To the Members of
Trillium Gift of Life Network

We have audited the statement of financial position of **Trillium Gift of Life Network** [the "Network"] as at March 31, 2008 and the statements of operations, changes in fund balances and cash flows for the year then ended. These financial statements are the responsibility of the Network's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation.

In our opinion, these financial statements present fairly, in all material respects, the financial position of the Network as at March 31, 2008 and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Ernst + Young LLP

Toronto, Canada,
May 27, 2008.

Chartered Accountants
Licensed Public Accountants

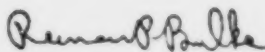
Trillium Gift of Life Network**STATEMENT OF FINANCIAL POSITION**

As at March 31

	2008 \$	2007 \$
ASSETS		
Current		
Cash	6,050,105	2,341,818
GST recoverable	91,999	92,496
Other receivables	724	3,466
Prepaid expenses	11,841	16,936
Total current assets	6,154,660	2,454,716
Capital assets, net <i>[note 3]</i>	1,127,711	1,347,258
	7,282,371	3,801,974
LIABILITIES AND NET ASSETS		
Current		
Accounts payable and accrued liabilities	2,935,749	1,988,746
Deferred contributions	3,093,479	336,681
Total current liabilities	6,029,228	2,325,427
Deferred funding for capital assets <i>[note 4]</i>	997,099	1,302,158
Total liabilities	7,026,327	3,627,585
Commitments and contingencies <i>[notes 8, 9 and 10]</i>		
Net assets		
Unrestricted <i>[note 7]</i>	136,703	70,125
Board restricted <i>[note 5]</i>	119,341	104,264
Total net assets	256,044	174,389
	7,282,371	3,801,974

See accompanying notes

On behalf of the Board:



Director



Director

Trillium Gift of Life Network**STATEMENT OF OPERATIONS**

Year ended March 31

	2008 \$	2007 \$
REVENUE		
Ontario Ministry of Health and Long-Term Care		
- Operations [notes 4 and 9]	11,311,215	10,902,823
- Deceased Organ Donation Management	1,300,008	2,560,400
- Performance Improvement Fund Project	306,703	20,999
- Tissue Program	610,896	—
Amortization of deferred funding for capital assets [note 4]	292,100	302,366
Ontario Ministry of Education	70,148	—
Donations [note 5]	138,581	63,246
Interest income	69,065	16,478
	14,098,716	13,866,312
EXPENSES		
Salaries and employee benefits [note 6]	7,702,527	7,354,262
Communications	1,116,147	1,272,167
General and administrative	688,544	751,100
Information systems	541,596	542,019
Medical supplies and testing	786,382	556,141
Office rent and maintenance	421,017	402,616
Amortization of capital assets	335,047	326,884
Community projects [note 5]	23,504	24,900
Deceased Organ Donation Management	1,314,550	2,560,400
Performance Improvement Fund Project	306,703	20,999
Education Project	170,148	—
Tissue Program	610,896	—
	14,017,061	13,811,488
Excess of revenue over expenses for the year	81,655	54,824

See accompanying notes

Trillium Gift of Life Network**STATEMENT OF CHANGES IN FUND BALANCES**

Year ended March 31

	2008		
	Unrestricted	Board restricted	Total
	\$	\$	\$
	<i>[note 7]</i>		
Net assets, beginning of year	70,125	104,264	174,389
Excess of revenue over expenses for the year	81,655	—	81,655
Interfund transfers, net <i>[note 5]</i>	(15,077)	15,077	—
Net assets, end of year	136,703	119,341	256,044

	2007		
	Unrestricted	Board restricted	Total
	\$	\$	\$
	<i>[note 7]</i>		
Net assets, beginning of year	53,647	65,918	119,565
Excess of revenue over expenses for the year	54,824	—	54,824
Interfund transfers, net <i>[note 5]</i>	(38,346)	38,346	—
Net assets, end of year	70,125	104,264	174,389

See accompanying notes

Trillium Gift of Life Network**STATEMENT OF CASH FLOWS**

Year ended March 31

	2008 \$	2007 \$
OPERATING ACTIVITIES		
Excess of revenue over expenses for the year	81,655	54,824
Add (deduct) items not involving cash		
Amortization of capital assets	335,047	326,884
Amortization of deferred funding for capital assets	(292,100)	(302,366)
Deferred capital contributions recognized as revenue	(28,251)	(78,104)
	96,351	1,238
Changes in non-cash working capital balances related to operations		
GST recoverable	506	50,272
Other receivables	2,742	490,230
Prepaid expenses	5,095	26,401
Accounts payable and accrued liabilities	947,003	567,006
Deferred contributions	2,756,798	254,731
Cash provided by operating activities	3,808,495	1,389,878
INVESTING ACTIVITIES		
Redemption of short-term investment	—	600,000
Acquisition of capital assets	(115,500)	(19,073)
Cash provided by (used in) investing activities	(115,500)	580,927
FINANCING ACTIVITIES		
Contributions restricted for capital expenditures	15,292	—
Cash provided by financing activities	15,292	—
Net increase in cash during the year	3,708,287	1,970,805
Cash, beginning of year	2,341,818	371,013
Cash, end of year	6,050,105	2,341,818

See accompanying notes

NOTES TO FINANCIAL STATEMENTS

March 31, 2008

1. PURPOSE OF THE ORGANIZATION

Trillium Gift of Life Network [the "Network"] is a non-share capital corporation created in 2001, under the Trillium Gift of Life Network Act [formerly The Human Tissue Gift Act]. The Network has been established to enable every Ontario resident to make an informed decision to donate organs and tissue, to support healthcare professionals in implementing their wishes, and to maximize organ and tissue donation in Ontario through education, research, service and support.

The Network became operational on April 1, 2002, to assume the functions of the former Organ Donation Ontario, as well as to adopt additional responsibilities associated with the Network's mandate.

As a not-for-profit organization registered as a charity under the Income Tax Act (Canada) [the "Act"], the Network is exempt from income taxes. In order to maintain its status as an organization registered under the Act, the Network must meet certain requirements within the Act. In the opinion of management, these requirements have been met.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

These financial statements have been prepared by management in accordance with Canadian generally accepted accounting principles. The significant accounting policies followed in the preparation of these financial statements are summarized as follows:

Revenue recognition

The Network follows the deferral method of accounting for contributions. Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are incurred.

Financial instruments

Effective April 1, 2007, the Network adopted the recommendations of CICA 3855: *Financial Instruments – Recognition and Measurement* and CICA 3861: *Financial Instruments – Disclosure and Presentation*. CICA 3855 establishes standards for recognizing and measuring financial instruments, including the accounting treatment for changes in fair value. As permitted by CICA 3855, the Network's financial assets and liabilities continue to be presented at amortized cost which approximates fair value. Therefore, the adoption of these recommendations did not have a significant impact on the financial statements.

NOTES TO FINANCIAL STATEMENTS

March 31, 2008

Capital assets

Capital assets are recorded at cost less accumulated amortization. Contributed capital assets are recorded at market value at the date of contribution. Amortization is provided on a straight-line basis, at annual rates based on the estimated useful lives of the assets as follows:

Furniture	5 years
Leasehold improvements	over term of lease
Equipment	3 years
Computer equipment	3 years
Computer software	5 years

Deferred funding for capital assets

Capital contribution funding and leasehold inducements received for the purposes of acquiring depreciable capital assets are deferred and amortized on the same basis, and over the same periods, as the amortization of the related capital assets.

Employee benefit plan

Contributions to a multi-employer defined benefit pension plan are expensed when due.

Contributed materials and services

Contributed materials and services are not reflected in these financial statements.

Use of estimates

The preparation of financial statements in accordance with Canadian generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingencies at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Allocation of expenses

Direct expenses related to projects are recorded as project expenses.

Future accounting policy changes

The CICA has issued two new standards, CICA 3862: *Financial Instruments – Disclosures* and CICA 3863: *Financial Instruments – Presentation*, which enhance the abilities of users of

NOTES TO FINANCIAL STATEMENTS

March 31, 2008

financial statements to evaluate the significance of financial instruments to an entity, related exposures and the management of these risks.

The CICA has also issued new accounting standard, CICA 1535: *Capital Disclosures*, which requires the disclosure of qualitative and quantitative information that enables users of financial statements to evaluate the entity's objectives, policies and processes for managing capital.

These changes in accounting policies, which will be adopted effective April 1, 2008, will only require additional disclosures in the financial statements.

3. CAPITAL ASSETS

Capital assets consist of the following:

	2008		
	Cost \$	Accumulated amortization \$	Net book value \$
Furniture	270,769	233,025	37,744
Leasehold improvements	614,135	118,731	495,404
Equipment	69,774	54,093	15,681
Computer equipment	266,098	178,455	87,643
Computer software	842,122	350,883	491,239
	2,062,898	935,187	1,127,711

	2007		
	Cost \$	Accumulated amortization \$	Net book value \$
Furniture	261,534	179,301	82,233
Leasehold improvements	610,516	55,964	554,552
Equipment	65,629	31,526	34,103
Computer equipment	167,597	150,890	16,707
Computer software	842,122	182,459	659,663
	1,947,398	600,140	1,347,258

NOTES TO FINANCIAL STATEMENTS

March 31, 2008

The continuity of the net book value of capital assets is as follows:

	2008 \$	2007 \$
Balance, beginning of year	1,347,258	1,655,069
Purchase of capital assets funded by deferred funding for capital assets	15,292	—
Purchase of capital assets internally funded [note 7[c]]	100,208	19,073
Amortization of capital assets	(335,047)	(326,884)
Balance, end of year	1,127,711	1,347,258

4. DEFERRED FUNDING FOR CAPITAL ASSETS

Deferred funding for capital assets represents the unamortized amount of grants and leasehold inducements received for the purchase of capital assets. The annual amortization of deferred funding for capital assets is recorded as revenue in the statement of operations and is equivalent to the amortization of the applicable capital assets. The changes in the deferred funding for capital assets balance are as follows:

	2008 \$	2007 \$
Balance, beginning of year	1,302,158	1,682,628
Add contributions restricted for capital expenditures	15,292	—
Less amortization of deferred funding for capital assets	(292,100)	(302,366)
Less amount recognized as Ontario Ministry of Health and Long-Term Care revenue	(28,251)	(78,104)
Balance, end of year	997,099	1,302,158

As at March 31, 2008, there were no unspent grants included in deferred funding for capital assets [2007 - \$28,251].

5. BOARD RESTRICTED NET ASSETS

Board restricted net assets are used to further public education and research in the field of organ and tissue donation, including community based projects.

During the year, the Board of Directors has approved the transfer of \$138,581 [2007 - \$63,246] of donations received during the year from unrestricted net assets to Board restricted net assets. In addition, the Board of Directors has approved the funding of special projects during the year from the Board restricted net assets in the amount of \$123,504 [2007 - \$24,900] for a net transfer to

NOTES TO FINANCIAL STATEMENTS

March 31, 2008

Board restricted net assets from unrestricted net assets of \$15,077 [2007 - \$38,346]. In 2008, community based projects included a new high school educational project for which \$100,000 of the Network's expenses were covered, and for which additional one-time funding was also received from the Ontario Ministry of Education.

6. EMPLOYEE BENEFIT PLAN

Substantially all of the employees of the Network are eligible to be members of the Hospitals of Ontario Pension Plan ["HOOPP"], which is a multi-employer, defined benefit pension plan.

The Network's contributions to HOOPP during the year amounted to \$520,438 [2007 - \$472,374] and are included in the statement of operations. The most recent regulatory funding valuation conducted as at December 31, 2006 disclosed actuarial assets of \$25,205 million with accrued pension liabilities of \$25,454 million, resulting in a deficit of \$249 million. HOOPP recently determined that these numbers were not correctly stated. Accrued pension liabilities should have been \$25,808 million, resulting in a deficit of \$603 million. The regulatory funding valuation conducted as at December 31, 2006 confirmed that the Plan was fully funded on a solvency basis.

7. UNRESTRICTED NET ASSETS

[a] The continuity of the components of unrestricted net assets is as follows:

	2008			2007
	Invested in capital assets \$	Surplus (deficit) \$	Total \$	Total \$
	<i>[note 7[b]]</i>			
Balance, beginning of year	73,351	(3,226)	70,125	53,647
Excess of revenue over expenses for the year	—	81,655	81,655	54,824
Net change in invested in capital assets <i>[note 7[c]]</i>	57,261	(57,261)	—	—
Interfund transfers <i>[note 5]</i>	—	(15,077)	(15,077)	(38,346)
Balance, end of year	130,612	6,091	136,703	70,125

NOTES TO FINANCIAL STATEMENTS

March 31, 2008

[b] Invested in capital assets is calculated as follows:

	2008 \$	2007 \$
Capital assets, net	1,127,711	1,347,258
Amounts funded by deferred funding for capital assets [note 4]	(997,099)	(1,273,907)
	130,612	73,351

[c] The net change in invested in capital assets is calculated as follows:

	2008 \$	2007 \$
Purchases of capital assets internally funded [note 3]	100,208	19,073
Amortization of capital assets	(335,047)	(326,884)
Amortization of deferred funding for capital assets	292,100	302,366
	57,261	(5,445)

8. LEASE COMMITMENTS

Future minimum annual payments over the next five years under operating leases for equipment and premises, excluding operating costs, are as follows:

	\$
2009	355,588
2010	254,272
2011	203,800
2012	188,957
2013	187,335

9. ONTARIO MINISTRY OF HEALTH AND LONG-TERM CARE

The operations of the Network are funded primarily by the Ontario Ministry of Health and Long-Term Care [the "Ministry"]. These financial statements reflect agreed-upon funding arrangements approved by the Ministry with respect to the year ended March 31, 2008. The total funding for each fiscal year is not finalized until the Ministry has reviewed the financial statements for that particular year. The Network considers that the amounts recorded reflect all proper adjustments. Adjustments resulting from the Ministry's review, if any, will be reflected in the statement of operations in the following year.

NOTES TO FINANCIAL STATEMENTS

March 31, 2008

10. CONTINGENCY

In February 2007, a legal claim was filed against the Network and a number of other defendants for which resolution remains outstanding as of March 31, 2008. It is management's position that the Network has valid defenses against this claim and has appropriate insurance coverage in place to cover settlement, if any. In the unlikely event that the claim is successful, the claim is not expected to have a material effect on the Network's financial position.



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